| •  |   |   |                              |                               | <i>u</i> ll         | J-4K             |         |                              |                        |        |                               |                        |  |
|--|---|---|------------------------------|-------------------------------|---------------------|------------------|---------|------------------------------|------------------------|--------|-------------------------------|------------------------|--|
|  |   |   |                              |                               |                     |                  |         | Application or Docket Number |                        |        |                               |                        |  |
| PATENT APPLICATION FEE DETERMINATION RECORD  |   |   |                              |                               |                     |                  |         |                              |                        |        |                               |                        |  |
| Effective October 1, 2000 39 464 795   |   |   |                              |                               |                     |                  |         |                              |                        |        |                               |                        |  |
|  | •   | CLAIMS A                                  | T                            | (Column 1) (Column 2)         |                     |                  |         | SMALL ENTITY TYPE            |                        |        | OTHER THAN<br>OR SMALL ENTITY |                        |  |
| TOTAL CLAIMS   |   |   |                              |                               |                     |                  |         | RATE                         | FEE                    | 1      | RATE                          | FEE                    |  |
| FOR  |   |   | NUMBER FILED                 |                               | EMUNI               | BER EXTRA        |         | PASIC FEI                    | 355.00                 | OR     | BASIC FEE                     | 773,00                 |  |
| TOTAL CHARGEABLE CLAIMS  |   |   | minus 20=                    |                               | $\cdot$             | • \              |         | X3 6=                        |                        | OR     | X\$18=                        |                        |  |
| INDEPENDENT CLAIMS   |   |   | minus 3 =                    |                               |                     |                  |         | X40=                         |                        | OR     | X80=                          | ·                      |  |
| M  | LITIPLE DEPEN   | IDENT CLAIM P                             | RESENT                       |                               |                     |                  | -       | +135=                        |                        | OR     | +270=                         |                        |  |
| • #  | the difference  | in column 1 is                            | less than zero, enter "O" in |                               |                     | eduma 2          | 1       | TOTAL                        | -                      |        |                               | b <sub>l</sub> /λ      |  |
| CLAIMS AS AMENDED - PART II  |   |   |                              |                               |                     |                  |         | IOIAL                        |                        | OR     | OTHER                         | 740                    |  |
| 1  | 2-18-04   | (Column 1)                                |                              | (Column 2) (Column 3)         |                     |                  |         | SMALL                        | ENTITY                 | OR     | SMALL                         |                        |  |
| ENTA   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                              | NEGH<br>NUM<br>PREVIX<br>PAID | BEA                 | PRESENT<br>EXTRA |         | RATE                         | ADDI-<br>TIONAL<br>FEE |        | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMEN   | Total   | . 12                                      | Minus                        | - 2                           | U                   | 3/               |         | X\$ 9=                       |                        | OR     | X\$18=                        |                        |  |
| AME  | Independent   | . /                                       | Minus                        | 3                             |                     | •/               |         | X40=                         |                        | OR     | X80=                          |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |   |                              |                               |                     |                  |         | +135=                        | 7                      | OR     | +270=                         |                        |  |
|  | 11  |   |                              |                               |                     |                  | Ł       | TOYAL                        |                        | OR     | TOTAL                         |                        |  |
| ADDIT. FEE (Column 1) (Column 2) (Column 3)  |   |   |                              |                               |                     |                  |         |                              |                        | JO     | addit, feei                   |                        |  |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                              | HIGH<br>NUM<br>PREVIO<br>PAID | EST<br>BER<br>CUSLY | PRESENT<br>EXTRA |         | RATE                         | ADDI-<br>TIONAL<br>FEE |        | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
| 2  | Total   | . 3                                       | Minus                        | -2                            | 0)                  | ٠.               |         | X\$ 9=                       |                        | OR     | X\$18=                        |                        |  |
| AME  | independent   | · VITATION OF ME                          | Minus                        | ••• S                         | 3                   | •                |         | X40=                         |                        | OR     | X80=                          |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |   |                              |                               |                     |                  |         | +135=                        |                        | OR     | +270=                         |                        |  |
| _  | _ /   |   |                              |                               |                     |                  | L       | TOTAL                        |                        | OR     | TOTAL                         |                        |  |
| 1805 (Column 1) (Column 2) (Column 3)  |   |   |                              |                               |                     |                  |         |                              |                        |        |                               |                        |  |
| ENT C  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                              | HIGH<br>NUM<br>PREVIO<br>PAID | EST<br>BEA<br>SUSLY | PRESENT<br>EXTRA | 5       | RATE                         | ADDI-<br>TIONAL        |        | RATE                          | ADDI-<br>TIONAL        |  |
| AMENDMENT  | Total   | . 10                                      | Minus                        | 171                           | U                   | . /              |         | X\$ 9=                       | FEE                    |        | X\$18=                        | FEE                    |  |
| INE  | Independent   | • /                                       | Minus                        | 1                             |                     | •/               | ŀ       | X40=                         |                        | OR     | X80=                          |                        |  |
| Ľ  | FIRST PRESE   | NTATION OF MI                             | JETIPLE DEP                  | ENDENT                        | CLAIM               |                  | 1       | V-46-                        |                        | OR     | VOOR                          |                        |  |
| • 1  | * If the entry in column 1 is less than the entry in column 2, write 'V' in column 3. |   |                              |                               |                     |                  |         |                              |                        | OR     | +270=                         |                        |  |
| " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  OR ADDIT. FEE  ADDIT. FEE |   |   |                              |                               |                     |                  |         |                              |                        |        |                               |                        |  |
|  | The "Highest Num  | ber Previously Pai                        | d For Clotal or              | Independe                     | ent) is the         | highest sumber   | مينوا د | d in the one                 | rocriste box           | in och | umo 1.                        |                        |  |